



Occupational and Business Licensing
555 Wright Way
Carson City, NV 89711
(775) 684-4690
www.dmvnv.com

Please print or type

CERTIFICATE OF INSURANCE

Producer:

Companies Affording coverage

A.

B.

C.

Telephone: _(_____)_____

Business License Number(s): _____

Name of Insured: _____

Physical Address: _____

Additional Location(s) _____

Automobile Liability

This is to certify that the Automobile Liability Insurance listed has been issued to the insured business named above for the full extent of the policy period. Should this policy cancel or type of coverage change before the expiration date, the issuing company shall provide written notice to the Department of Motor Vehicles within 30 days.

This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policies below. CSL means Combined Single Limit, this term is acceptable on a certificate of insurance as long as the amount is equal to or greater than aggregated total.

Motor Vehicle Dealers, Manufacturers, Rebuilders, Distributors and Transporters

Minimum requirement: Combined aggregate liability total of \$100,000 or bodily injury \$15,000 per person, bodily injury per accident \$30,000, property damage \$10,000.

Type of Coverage	Policy Number(s)	Effective Date	Expiration Date	Limits of Liability
<input type="checkbox"/> Any Auto and Garage Liability				Bodily Injury (per person): _____
<input type="checkbox"/> All Owned, Non Owned and Garage Liability				Bodily Injury (per accident): _____
<input type="checkbox"/> Motorcycles and Garage Liability				Property Damage: _____
<input type="checkbox"/> Continuous Until Canceled				Aggregated Total: _____

Manufacturers and Distributors; Out of State

Minimum requirement: Combined aggregate liability total of \$100,000 or bodily injury \$15,000 per person, bodily injury per accident \$30,000, property damage \$10,000.

Type of Coverage	Policy Number(s)	Effective Date	Expiration Date	Limits of Liability
<input type="checkbox"/> Any Auto				Bodily Injury (per person): _____
<input type="checkbox"/> All Owned and Non Owned				Bodily Injury (per accident): _____
<input type="checkbox"/> Motorcycles				Property Damage: _____
<input type="checkbox"/> Continuous Until Canceled				Aggregated Total: _____

Long Term Lessors

Minimum requirement: Combined aggregate liability total of \$100,000 or bodily injury \$15,000 per person, bodily injury per accident \$30,000, property damage \$10,000.

Type of Coverage	Policy Number(s)	Effective Date	Expiration Date	Limits of Liability
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- | | |
|---|---|
| <input type="checkbox"/> Any Auto
<input type="checkbox"/> All Owned and Non Owned
<input type="checkbox"/> Motorcycles
<input type="checkbox"/> Continuous Until Canceled | Bodily Injury (per person): _____
Bodily Injury (per accident): _____
Property Damage: _____
Aggregated Total: _____ |
|---|---|

Short Term Lessors

Minimum requirement: Combined aggregate liability total of \$100,000 or bodily injury \$15,000 per person, bodily injury per accident \$30,000, property damage \$10,000.

Type of Coverage	Policy Number(s)	Effective Date	Expiration Date	Limits of Liability
------------------	------------------	----------------	-----------------	---------------------

- | | |
|--|---|
| <input type="checkbox"/> Hired Autos
<input type="checkbox"/> Scheduled Autos
<input type="checkbox"/> Continuous Until Canceled | Bodily Injury (per person): _____
Bodily Injury (per accident): _____
Property Damage: _____
Aggregated Total: _____ |
|--|---|

Automobile Wreckers, Body Shops and Salvage Pools

Minimum requirement: Combined aggregate liability total of \$100,000 or bodily injury \$15,000 per person, bodily injury per accident \$30,000, property damage \$10,000.

Type of Coverage	Policy Number(s)	Effective Date	Expiration Date	Limits of Liability
------------------	------------------	----------------	-----------------	---------------------

- | | |
|---|---|
| <input type="checkbox"/> Non Owned and Garage Liability
<input type="checkbox"/> Continuous Until Canceled | Bodily Injury (per person): _____
Bodily Injury (per accident): _____
Property Damage: _____
Aggregated Total: _____ |
|---|---|

Drive Schools

Minimum requirement: Scheduled autos with a combined aggregate liability bodily injury or death \$100,000 per person, bodily injury or death per accident \$300,000, property damage \$50,000.

Type of Coverage	Policy Number(s)	Effective Date	Expiration Date	Limits of Liability
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- | | |
|--|---|
| <input type="checkbox"/> Scheduled Autos
<input type="checkbox"/> Continuous Until Canceled | Bodily Injury (per person): _____
Bodily Injury (per accident): _____
Property Damage: _____
Aggregated Total: _____ |
|--|---|

YEAR	MAKE	MODEL	VEHICLE IDENTIFICATION NUMBER

This document must be the original. Upon affixing your signature you are certifying that you have assigned the proper type of coverage for the operations and plates of the business named on this policy.

Printed Name of Authorized Agent

Signature

Date

Upon completion, please return the original certificate to the department. A photocopy is not acceptable as proof of financial responsibility.